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N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. 116
1. PLACE OF DEATH		County <u>Graham</u>	State <u>ARIZONA</u>	Registered No. <u>162</u>
Towship _____		City <u>Safford</u>		
Length of residence in city or town where death occurred <u>4</u> yrs. <u>0</u> mos. <u>0</u> ds.		(If death occurred in a hospital or institution, give its NAME, instead of street and number) _____		
2. FULL NAME <u>David Alvin DeSpain</u>		How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.		
(a) Residence: No. <u>Safford, Arizona.</u>		St. _____ Ward _____		
(Usual place of abode)		(If non-resident give city or town and state)		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Senella DeSpain</u>				
6. DATE OF BIRTH (month, day, and year) <u>Sept. 1, 1861</u>				
7. AGE	Years <u>75</u>	Months <u>3</u>	Days <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
MOTHER/FATHER	11. Total time (years) spent in this occupation _____			
	12. BIRTHPLACE (city or town) <u>Granite</u> (State or Country) <u>Utah</u>			
	13. NAME <u>Joseph DeSpain</u>			
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)			
15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (city or town) _____ (State or Country)				
17. INFORMANT <u>Alvin DeSpain</u> (Address) <u>Safford, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thatcher, Arizona</u> Date <u>Dec. 31, 1936</u>				
19. EMBALMER { License No. _____ Signature _____ FUNERAL DIRECTOR <u>W.C. Rawson</u> Address <u>Safford, Arizona</u>				
20. Filed <u>Jan 23, 1937</u> by <u>W.H. Chalton</u> Registrar				
10M-6-12-36-M-Form 3-100% RAG				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Dec. 28, 1936</u>				
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.				
I last saw him <u>dead</u> <u>12/31/36</u> , 19____; death is said to have occurred on the date stated above, at _____ 3 p.m.				
The principal cause of death and related causes of importance were as follows:				
<u>Sclerosis with occlusion of the left coronary artery.</u>				Date of Onset _____
Other contributory causes of importance:				
<u>General arteriosclerosis with sclerotic changes in vessels of heart, brain and kidneys.</u>				Date of Onset _____
Name of operation _____ Date of _____				
What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u>				
23. If death was due to external causes (violence) fill in also the following:				
Accident, suicide, or homicide? _____ Date of injury _____, 19____				
Where did injury occur? _____ (Specify city or town, county and State)				
Specify whether injury occurred in industry, in home, or in public place.				
Manner of injury _____				
Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? _____				
If so, specify _____				
(Signed) <u>Harlan P. Mills</u> M. D.				
(Address) <u>Phoenix, Ariz.</u>				
Certificate to be used for any Additional Information				